

# CCI CLEARVIEW CANCER INSTITUTE

**CCI Phone: (888) 374-1015**

**New Patient Referral Fax: (833) 705-4101**

We will contact your office with appointment information. Please include a copy of the patient's demographics page with the referral form.

**Referral to:**

☐ **Anniston**

901 Leighton Ave. Suite 602

- ☐ Robert M. Conry, MD
- ☐ Manh Dang, MD
- ☐ Karl Hagler, MD
- ☐ Charles Lattuada, MD
- ☐ First Available
- ☐ Genetic Counseling

☐ **Athens**

707 West Market St.

- ☐ Brian Mathews, MD
- ☐ Heather Shah, MD
- ☐ First Available
- ☐ Genetic Counseling

☐ **Crestwood**

One Hospital Drive  
Suite 400

- ☐ Paul Dang, MD
- ☐ Jorge Diaz, MD
- ☐ Ben Miriovsky, MD
- ☐ First Available
- ☐ Genetic Counseling

☐ **Cullman**

1948 AL Hwy 157, POB 1,  
Suite 380

- ☐ Michael Garcia, MD
- ☐ Amy Stubbs, MD
- ☐ First Available
- ☐ Genetic Counseling

☐ **Decatur**

1107 14th Ave. SE Suite 200  
1310 14th Ave. SE

- ☐ Diego Bedoya, MD
- ☐ Naveen Lobo, MD
- ☐ Heather Shah, MD
- ☐ First Available
- ☐ Genetic Counseling

☐ **Huntsville (Russel Hill)**

3601 CCI Drive

- ☐ Diego Bedoya, MD
- ☐ Paul Dang, MD
- ☐ Jorge Diaz, MD
- ☐ Ehab El-Bahesh, MD
- ☐ Kanth Katragadda, MD
- ☐ Brian Mathews, MD
- ☐ Philip McGee, MD
- ☐ Benjamin Miriovsky, MD
- ☐ John R. Nicholson, MD
- ☐ Daniel Schreeder, MD

☐ **Jasper**

3500 Hwy 78 E

- ☐ Michael Garcia, MD
- ☐ Amy Stubbs, MD
- ☐ First Available
- ☐ Genetic Counseling

☐ **Madison**

12090 County Line Road

- ☐ Ehab El-Bahesh, MD
- ☐ Genetic Counseling

☐ **Scottsboro**

380 Woods Cove Road

- ☐ Paul Dang, MD
- ☐ John R. Nicholson, MD
- ☐ Genetic Counseling

☐ **Shoals**

180 Cox Creek Pkwy.  
Florence, AL

- ☐ Brett Barlow, MD
- ☐ Heather Brody, MD
- ☐ Daniel Kingsley, MD
- ☐ First Available
- ☐ Genetic Counseling

☐ **Shoals**

1751 Veterans Drive  
Suite 190, Florence, AL

- ☐ Brett Barlow, MD
- ☐ Heather Brody, MD
- ☐ Daniel Kingsley, MD
- ☐ First Available
- ☐ Genetic Counseling

☐ **Shoals**

101 Blake Drive  
Muscle Shoals, AL

- ☐ Patrick Daugherty, MD
- ☐ Genetic Counseling

Referral Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referring Physician's Full Name: \_\_\_\_\_

NPI #: \_\_\_\_\_ Office #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_

Patient Full Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male / Female SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Patient Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_ Alternate Contact #: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for Referral/Diagnosis: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Contract #: \_\_\_\_\_ Group Number: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Contract #: \_\_\_\_\_ Group Number: \_\_\_\_\_